FORM D



SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number:
Estimated average burden
hours per response

SEC USE	ONLY
Prefix	Serial
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DATE REC	EIVED
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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Series B Preferred Shares	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE PROCESSI
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	YI SOR SOCO
Meriton Networks Inc.	THOMSON
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) FINANCIAL
3026 Solandt Road, Ottawa, Ontario K2K 2A5	(613) 270 9279
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices) N/A	
Brief Description of Business:	, 4
Developing and marketing wavelength networking for optical switches	Stant an
Type of Business Organization	f Sf
corporation limited partnership, already formed	her (please specify): DEC 0 9 9002
oti	her (please specify):
business trust limited partnership, to be formed	
Actual or Estimated Date of Incorporation or Organization:	Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation	
CN for Canada; FN for other foreign jurisdiction	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or
				_	Managing Partner
Full Name (Last name first,					
Gassewitz, Michael I			O- 1-\		
Business or Residence Addr 3026 Solandt Road, Ot	ttawa, Ontario	K2K 2A5			
Check Box(es) that Apply:	and the first	☐ Beneficial Owner	□ Executive Officer	Director	☐ General and/or————————————————————————————————————
Full Name (Last name first, Brazeau, Alain Vice P	'resident Resear				
Business or Residence Addr			Control of the contro		
3026 Solandt Road, O	100 00 00 00 00 00 00 00 00 00 00 00 00		- CC	= D:	
Check Box(es) that Apply:		☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,					
Speak, Craig Vice Pro Business or Residence Addr			Coda)		
3026 Solandt Road, O			Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Haw, Claude	if individual)		A Commence of the Commence of		
Business or Residence Addr 3026 Solandt Road, O	ess (Number an	d Street, City, State, Zip	Code)		Visites and the state of the st
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first, Pascoe, Michael	if individual)				Managing 1 articl
Business or Residence Addr	ess (Number and	d Street City State Zin	Code)	· · · · · · · · · · · · · · · · · · ·	
3026 Solandt Road, O			<i></i>		
Check Box(es) that Apply:			☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, Wigglesworth, Ken		Police Police Services			
Business or Residence Addr 3026 Solandt Road, O	ess (Number an	d Street, City, State, Zip	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, Drazan, Jeffrey	if individual)				
Business or Residence Addr 3026 Solandt Road, O			Code)		
Check Box(es) that Apply:			Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, Janoska, Mark	if individual)		allula.		
	ess (Number an	d Street, City, State, Zip	Code)		

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	•	Each pro	omoter of the	ie issuer, if the is	suer has been organized	within the past five years	5;			
	•	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;								
	•	• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and								
	•	Each ger	neral and m	anaging partner	of partnership issuers.					
Ch	eck	Box(es) th	at Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		
	W	oronczuk,	John	if individual)						
Bu				ess (Number and awa, Ontario	l Street, City, State, Zip (K2P 0Z 4	Code)				
32	1 - 1 - 1 - 1 1 - 1 - 1 - 1 - 1 - 1			☐ Promoter		☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		
roes.	Pı	rimaxis Te	chnology V	if individual) Ventures Inc.		A College of the Coll				
	1	Richmond	St. W., 8 th	Floor Toronto	Street, City, State, Zip (, Ontario M5H 3W4			Application of the second of t		
			at Apply:		⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		
	N	ewbury Ve	entures III,							
Βu					d Street, City, State, Zip		_			
CI.					ox Drive, Suite 350 Kar					
100		k iki si ujengan dalam Tanggan dalam		Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	Managing Partner		
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70	2	Complexe	Desjardin		d Street, City, State, Zip (ontreal, Quebec H5B 1					
		Box(es) th		☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		
	R	BC Capita	l Partners		cations Fund), a division		ada			
	R	oyal Bank	Plaza Nor	rth Tower 200 l	d Street, City, State, Zip (Bay Street, 4 th Floor Te	oronto, Ontario M5J 2				
		The Mary Manager		□ Promoter		☐ Executive Officer	☐ Director	General and/or Managing Partner		
I.A	ր Si	ierra Vent	ures VII, L			garfin essana essan Anno essana e				
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3(000 Sand I	Hill Road, l	Building 4, Suite	d Street, City, State, Zip e 210, Menlo Park, CA		in (Alexandra) Salahan (Dan sa			
Cł	ieck	Box(es) th	at Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		

Full Name (Last name first, if individual)

The VenGrowth II Investment Fund Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)

C/o VenGrowth Capital Management, Inc., 411 Legget Drive, Suite 705, Kanata, Ontario K2K 3C9

Check Box(es) that Apply:

Promoter

Beneficial Owner

Executive Officer

Director

Managing Partner

Full Name (Last name first, if individual)

Biggs, Weston

Business or Residence Address (Number and Street, City, State, Zip Code)

108 Manion Road, Carp Ontario K0A 1L0

Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, Bissinger, Jacques	if individual)				
Business or Residence Address 5 Maley Lane, Kanata			Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director ~	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)		
Check Box(es) that Apply:		☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)		
	(Use blank shee	t, or copy and use addition	onal copies of this sheet,	is necessary.)	

G.			100		B. II	NFORMA	TION AB	OUT OFF	ERING				
, 1. H	las the	issuer so	ld or doe	es the issue	er intend to	n sell to no	on-accredit	ted investor	rs in this of	ffering?		Yes	No ⊠
								ica mvestor	is in this of	normg		🔟	
						under ULO accepted fr		dividual?				•••	\$N/A
						-	•					Yes	 No
3. I	Does th	e offering	g permit j	oint owne	rship of a	single unit	?						
a tl S a o	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)												
	,	Last nam	e first, if	ındıvıdual	.)								
	N/A	Dagidana	a Addresa	a (Nivershoe	and Street	t City St	ate, Zip Co	40)					
Dusin	1688 01	Residenc	e Addres	s (ivuilibei	and Siret	i, City, Si	ate, zip Co	ue)					
Name	of As	sociated l	Broker or	Dealer									
States	s in Wh	nich Perso	on Listed	Has Solic	ited or Int	ends to So	licit Purcha	asers					
(Check	"All State	es" or ch	eck indivi	dual States	s)	•••••		•••••			🗀 All S	States
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Full f	Name (Last nam	e first, if	individual	1)								
Busin	ness or	Residenc	e Addres	s (Numbe	r and Stree	et, City, Sta	ate, Zip Co	ode)	<u> </u>				
Name	e of As	sociated l	Broker or	Dealer									
States	s in Wh	nich Perso	on Listed	Has Solic	ited or Int	ends to So	licit Purch	asers					
(Check	"All Stat	es" or ch	eck indivi	dual States	s)	•••••		•••••	•••••		🗀 All S	States
[A]	L]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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Busir	ness or	Residenc	e Addres	s (Numbe	r and Stree	et, City, St	ate, Zip Co	ode)		··· ·			
Name	e of As	sociated	Broker or	Dealer									
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[A]	_	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Į.	amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate offering Price	Am	ount Already Sold
	Debt	5	\$	
	Equity		-	
	☐ Common ☐ Preferred S	20,000,000	\$	8,750,000
	Convertible Securities (including warrants)	}	\$ -	
	Partnership Interests	3	- \$ -	
	Other (Specify)	3	- \$ -	
	Total	S	- \$ -	
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Pollar Amount of Purchases
	Accredited Investors	10	\$	8,750,000
	Non-accredited Investors	0	\$	
	Total (for filings under Rule 504 only)		\$	
	Answer also in Appendix, Column 4, if filing under ULOE.		-	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Type of Offering	Type of	I	Dollar Amount
	Rule 505	Security	\$	Sold
	Regulation A		\$	
	-			
	Rule 504		3	
	Total		_ \$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees	[
	Printing and Engraving Costs	[) \$	
	Legal Fees		 ⊠ \$	196,000
	Accounting Fees		 □ \$	
	Engineering Fees	_		
	Sales Commissions (specify finders' fees separately)			
	Other Expenses (identify) blue sky fees, Canadian filing fees	-		315.00
	Total	_		196,315
		£	·	•

entra e	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."			\$ <u>8,553,68</u> 5
5.	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	ly purpose is not known, furnish an estimate and fthe payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	[] \$	 \$
	Purchase of real estate	[\$	\$
	Purchase, rental or leasing and installation of mac and equipment	chinery[\$	\$
	Construction or leasing of plant buildings and fac	ilities[\$	\$
	Acquisition of other businesses (including the val offering that may be used in exchange for the assessissuer pursuant to a merger)	ets or securities of another	¬ ¢	
	Repayment of indebtedness	-		_
	Working capital	_		-
	Other (specify):			
		[\$
	Column Totals	[\$	☑\$_8,553,685
	Total Payments Listed (column totals added)		X \$ 8	, 553 , 685
i de		D. FEDERAL SIGNATURE		dering die 1.50 and Age
igi	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-accurate.	nish to the U.S. Securities and Exchange Commis	sion, upon writte	
ssı	uer (Print or Type)	Signature	Date	·····
	Meriton Networks Inc.		November	26. 2002
	me of Signer (Print or Type)	Title of Signer (Print or Type)		
IvI	ichael Gassewitz	President and Chief Operating	officer Officer	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)